



## **Notice**

**The address, telephone number, and fax number  
of the Office of AIDS on this form is incorrect.  
The new information is:**

**State of California  
Department of Health Services  
Office of AIDS, HIV/AIDS Epidemiology Branch  
MS 7700  
P.O. Box 997426  
Sacramento, CA 95899-7426  
Tel. (916) 449-5900  
Fax (916) 449-5909**

**REQUEST FOR AIDS CASE DATA AND OTHER EPIDEMIOLOGIC DATA**

Return to: State of California  
 Department of Health Services  
 Office of AIDS  
 HIV/AIDS Epidemiology Branch  
 P.O. Box 942732  
 Sacramento, CA 94234-7320

FAX (916) 322-0580/Voice (916) 322-1065

**TYPES OF INFORMATION AND ASSISTANCE AVAILABLE**

1. AIDS Surveillance Guidelines
2. Local Epidemiologic Fact Sheet
3. Computer Programming Support (HARS/PRODAS/EPI INFO)
4. AIDS Case Statistics
5. Custom Data Analysis
6. Data Interpretation
7. Data Presentation
8. Design, Review, and Evaluation of HIV/AIDS Epidemiologic Reports/Profiles
9. Presentations and Local Meetings
10. Communications with Other Local Health Departments and the Centers for Disease Control and Prevention

*(Please type or print. Sign and date below.)*

Requester name		Requester title	
Organization			
Mailing address (number and street)		City	State
ZIP code			
Telephone number (include area code) (     )     -	FAX number (include area code) (     )     -	Date of request	Desired completion date
<i>(Please allow ten working days for completion.)</i>		Electronic mail address	

**Detailed Description of AIDS Case Data or Epidemiologic Information Requested**

What question(s) do you need answered?


Who is your audience?

What type of format do you need?    ☐ Paper    ☐ Diskette    Please furnish blank diskette(s) if you request other than paper.

**Provisions of this Agreement**

1. Protection of the confidentiality of the clients contained on the AIDS Case Registry is a foremost consideration. Table or text should not identify or refer to data elements containing fewer than three clients. Please safeguard all computer files by labeling them with titles not associated with AIDS and keeping output and written materials safely locked when not being used.
2. All publications using the information provided must acknowledge the Office of AIDS, California Department of Health Services (DHS), as the original source.
3. If you use the information, please issue a disclaimer crediting any analyses, interpretation, or conclusions reached to the authors and not to the Office of AIDS, DHS.
4. Parties must assure that technical descriptions of the data are consistent with those provided by the Office of AIDS, DHS.
5. Use the data provided only for the purposes stated in the data request form, unless you obtain prior written approval.
6. Do not release any of the data provided to any third party.
7. Computer files with AIDS data shall be destroyed immediately upon completion of all analyses pertaining to this request.
8. Send a copy of any material derived from the information requested to the Office of AIDS.
9. Consultations with Office of AIDS staff to discuss uses and limitations of the data are encouraged.

By the signature below, I agree to abide by the above conditions.

Signature 	Type or print name of person signing	Date
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**For office use only:** Data request ID number: \_\_\_\_\_

*Additional information for requesters: Epidemiologic information and assistance is available by mail, fax, phone, or in person.*

**FOR OFFICE OF AIDS USE ONLY**

Request ID number	Request received by	Date
Request approved by manager		Date
Assigned to		Date
Comments		
Work reviewed by		Date
Amount of time spent on request		Date request delivered
Request product: <input type="checkbox"/> Paper <input type="checkbox"/> Diskette <input type="checkbox"/> Other _____ Mode of delivery: <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Other _____		If data were provided, date(s) follow-up contact made to inquire about data destruction:
Date requester indicated data were destroyed	Comments	

**For office use only:** Data request ID number: \_\_\_\_\_